

**Office
DEPOT***Taking Care
of Business*RECEIVED
CENTRAL FAX CENTER

JUN 07 2007

Fax Transmission

PLEASE PRINT

TO: COMMISSIONER
FOR PATENTSFROM: JOHN C. ABENDROTHFAX 1-571-
NUMBER: 273-8300SENDER'S
PHONE #: 1-414-517-3101DATE: 6/7/07# OF PAGES: 2
INCL. COVER PAGE

Customer's Notes: _____

CHANGE OF CORRESPONDENCE
ADDRESS

Receiver: If you have any difficulties with this transmission, please contact the sender at the phone number listed above.

OFFICE DEPOT'S TERMS OF USE

SENDER AGREES NOT TO USE THIS FAX TO: (I) TRANSMIT MATERIAL WHOSE TRANSMISSION IS UNLAWFUL, HARASSING, LIBELOUS, ABUSIVE, THREATENING, HARMFUL, VULGAR, OBSCENE, PORNOGRAPHIC OR OTHERWISE OBJECTIONABLE; (II) CREATE A FALSE IDENTITY, OR OTHERWISE ATTEMPT TO MISLEAD OTHERS AS TO THE IDENTITY OF THE SENDER OR THE ORIGIN OF THIS FAX; (III) POST OR TRANSMIT ANY MATERIAL THAT MAY INFRINGE THE COPYRIGHT, TRADE SECRET, OR OTHER RIGHTS OF ANY THIRD PARTY; (IV) VIOLATE ANY FEDERAL, STATE OR LOCAL LAW IN THE LOCATION, OR (V) CONDUCT ACTIVITIES RELATED TO GAMBLING, SWEEPSTAKES, RAFFLES, LOTTERIES, CONTESTS, PONZI SCHEMES OR THE LIKE.

PLEASE NOTE THAT OFFICE DEPOT DOES NOT REVIEW THE CONTENTS OF ANY FAX SENT USING ITS SERVICES. FURTHER, BY SIGNING BELOW THE SENDER OF THIS FAX HEREBY AGREES TO INDEMNIFY OFFICE DEPOT TO THE FULLEST EXTENT OF THE LAW AND FOR ANY AND ALL CLAIMS, SUITS, OR DAMAGES ARISING OUT OF OR IN CONNECTION WITH THE REQUEST TO SEND, OR SENDING THIS FAX.

X

(CUSTOMER'S SIGNATURE)

VISIT OFFICE DEPOT FOR YOUR:

- Color Copies- Black & White Copies
- Digital and High Volume Copies
- Business Cards, Letterhead and Envelopes
- Custom Pre-inked Stamps
- Customs Signs and Banners
- UPS Shipping Service
- Passport Photos
- Ad Specialties

Store Information



Thank you for using Office Depot's Customer FAX Service

RECEIVED
CENTRAL FAX CENTER

JUN 07 2007

PTO/SB/122 (01-06)

Approved for use through 07/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	09/751,121
Filing Date	12/28/2000
First Named Inventor	JOHN C. ABENDROTH
Art Unit	3694
Examiner Name	COLBERT, ELA
Attorney Docket Number	480468.90047

Please change the Correspondence Address for the above-identified patent application to:

☐ The address associated with
Customer Number:

OR

☒ Firm or
Individual Name JOHN C. ABENDROTH

Address 11225 N. PRAIRIE VIEW LANE

City MEQUON State WI Zip 53092

Country UNITED STATES

Telephone (414) 517-3101 Email j.abendroth@jcambox.com

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☒ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ Attorney or agent of record. Registration Number _____

☐ Registered practitioner named in the application transmittal letter in an application without an
executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Typed or Printed
Name JOHN C. ABENDROTH

Date 6/6/07 Telephone (414) 517-3101

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-5198 and select option 2.

Doc. No.